

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>003075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/30/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERSIDE VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1400 W FRANKLIN ST ELKHART, IN 46516</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{K 000}	<p><b>INITIAL COMMENTS</b></p> <p>A Post Survey Revisit (PSR) to the Quality Assurance Walk-thru Survey conducted on 11/30/12 was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 11/30/12</p> <p>Facility Number: 003075 Provider Number: 155695 AIM Number: 200364160</p> <p>Surveyor: Robert Sutton, Life Safety Code Specialist Trainee</p> <p>At this PSR survey, Riverside Village was found in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility with a partial basement was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor as well a combination of 26 battery operated and 22 hard wired smoke detectors in the resident rooms. The facility has a capacity of 93 and had a census of 77 at the time of this visit.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached shed providing storage services.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/06/12.</p>	{K 000}		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

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If continuation sheet 1 of 1